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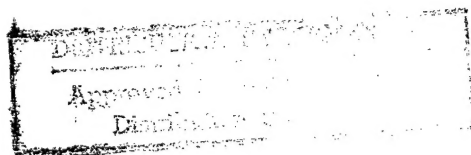
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JPRS Report

Epidemiology



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Epidemiology

JPRS-TEP-88-007

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SOUTH AFRICA

Government Launches Anti-AIDS Campaign

Advertisement Used To Promote Awareness
54000080 Johannesburg *THE CITIZEN* in English
20 Jan 88 p 3

[Article by Fred de Lange]

[Text] A national programme to combat AIDS in South Africa was launched in Pretoria yesterday by the Minister of National Health and Population Development, Dr Willie van Niekerk.

The campaign will start on January 25 with advertisements in the Press, on radio, and on TV, designed to create an awareness of AIDS, indicate its causes, and to promote prevention of contracting the disease.

In launching the campaign, Dr Willie van Niekerk said it was being undertaken as part of the Department of National Health and Population Development's proactive information policy of "Prevention is better than cure".

"Our campaign seeks to inform all people what AIDS is, how it is contracted and how it may be prevented. It also aims to counter misconceptions on the disease.

"Research has been done on existing attitudes with regard to the prevention of AIDS, and the education programme was also subjected to prior testing.

"The biggest problem is that AIDS can be spread through ignorance, since an infected person may appear healthy for many years, yet still transmit the disease.

"Ignorance about the prevention of AIDS is prevalent and it is this problem which we are now addressing," he said.

During the campaign the Department will distribute posters nationwide, render an information service at its regional offices, and provide experts to address associations and groups.

Dr Van Niekerk said the campaign would cost R1 million, which included research, production and the placement campaign.

He refused to say exactly what the contents of the advertisements would be an evaded a question on whether the campaign would be "timid" in relation to similar campaigns overseas.

Dr Van Niekerk, however said that the campaign had been discussed with church groups in South Africa and that he did not believe that it would shock the public in any way.

A spokesman for the public relations firm handling the campaign yesterday confirmed that in the advertisement promiscuous people would be urged to use condoms to help fight the disease.

Dr Van Niekerk also confirmed that up to January 12, 1988, 98 cases of AIDS had been diagnosed in South Africa. Of these, 22 cases came from African countries, as well as Haiti and Canada. This included 17 males and 5 females.

An estimated 10,000 people in South Africa may be carriers of AIDS but of these only 25 to 33 percent will actually contract the disease.

Dr Van Niekerk said once the campaign started, it was expected that a large number of people would want to be tested for AIDS. To assist them, the State would provide free testing to people in high risk groups.

Others would be able to have themselves tested for the virus at their private doctors or at provincial doctors on payment of fee.

Press Accused of Distorting AIDS reports
54000080 Johannesburg *THE CITIZEN* in English
21 Jan 88 p 3

[Article by Andrew Thomson]

[Text] The South African media yesterday got a tongue-lashing from medical and legal academics and practitioners for the way in which they have reported the global pandemic of Acquired Immune Deficiency Syndrome (AIDS).

Media representatives spent the day attending a series of lectures at the South African Institute for Medical Research.

Professor Jack Metz of the institute, said many reports had been "distorted, biased, out of context, inaccurate or sensationalist", and that subsequent corrections were given little prominence.

They were also guilty, he said, of spoiling their reputations among AIDS experts and being subsequently forced to quote "self-appointed experts" many of whom had "an axe to grind" with other elements of the medical profession.

"Seldom in history have the media had a greater role to play in protecting the interests of the population," he said. "What we would like to see is the dissemination of information about AIDS—clearly, accurately and in context—not sensationalism which causes panic, but, at the same time, no attempt to play down the gravity of the situation."

Prof Metz said medicine was a complex subject and AIDS was a particularly complex disease, and for these reasons media editors should appoint specialist reporters to write about them. Reports written by such people should nevertheless be read back to the source to ensure factual accuracy, he said.

Prof Metz said that "over the years the media has given great prominence to any suggestion that AIDS could be spread by casual contact."

He said it was a scientific fact that it could not be, but the reports persisted and the media were doing a disservice to society by drawing attention away from the real mode of transmission, namely mainly sexual.

These reports had also contributed to the ostracisation, victimisation and stigmatisation of AIDS sufferers and those who had been exposed to the Human Immunodeficiency Virus (HIV).

People had lost their jobs, children had been excluded from schools and the disease was in the process of being "driven underground".

The media, he continued, also failed to always distinguish between AIDS sufferers (the word "victim" is considered to have unnecessary connotations) and those who have been exposed to HIV.

Although there are "thousands of carriers" in South Africa, there are only 23 AIDS sufferers.

It is still not known what percentage of carriers eventually develop the syndrome, but present indications are that it is about one third.

Prof Metz said he thought there was "a lot of common ground" between the media and health authorities.

"I hope posterity will judge the media to have been part of the solution and not the problem," he said.

University of Pretoria law lecturer Dr H B Kloppe told media representatives that their coverage of AIDS would contribute to the formation of public opinion about the disease and would have a subsequent effect on lawmaking and the individual rights of sufferers and carriers.

Expert Predicts Cure by mid-1990's

54000080 Johannesburg *THE CITIZEN* in English
21 Jan 88 p 3

[Text] South African AIDS expert Dr Ruben Sher says medical science should not be underestimated, and he feels that a vaccine against the fatal disease could be viable by the mid-1990s.

Addressing a group of media representatives at the South African Institute for Medical Research in Johannesburg yesterday, Dr Sher said Acquired Immune Deficiency Syndrome was the "greatest problem medical science has had to face this century".

He said the disease was unique in two ways. It was caused by a type of virus that had hitherto not caused disease in humans, and it impinged on nearly every aspect of human life.

"AIDS has done more to change sexual habits than have all the pulpits in the world," he said.

"Don't underestimate medical science. Sooner or later there will be a vaccine and I feel it could be viable by the mid-1990s. In the meantime, it is preventable only by education leading to a change in lifestyle".

Dr Sher confirmed that a vaccine, once developed, would be of no use to those already infected by the Human Immunodeficiency Virus (HIV).

Of all the drugs recently developed to prolong the life of AIDS sufferers, Dr Sher said only that known as AZT promised any real hope. But, he said, the drug was expensive and had severe side effects which were sometimes worse than the AIDS symptoms.

In South Africa, an AIDS sufferer would have to pay about R1,700 a month for AZT, which he would have to take for the rest of his life.

Importance of Public Awareness Emphasized

54000080 Johannesburg *THE CITIZEN* in English
9 Feb 88 p 13

[Article by Brian Stuart]

[Text] Cape Town—The Department of National Health is prepared for a long, hard fight against AIDS in South Africa, which can only succeed if the public is made fully aware of the dangers.

Dr Willie van Niekerk, Minister of National Health, told the Press in Cape Town yesterday that the present campaign of advertisements on national television and newspapers arose from an analysis of popular concepts about AIDS, and the effectiveness of the campaign would be reassessed after three months.

Asked by *THE CITIZEN* when the campaign would stop, Dr Van Niekerk replied: "It will go on. I see no possibility that we will not have AIDS with us for at least the next three decades."

AIDS could only be combated by the public awareness of the risk and steps to avoid those risks—and this was the aim of the current publicity campaign. The department could do the rest in identifying and treating cases. This included testing of blood transfusion donors and the testing of high-risk people.

Transmitted

Dr Van Niekerk said that in the main AIDS was sexually transmitted. It affected the white cells that we found together with semen, but once in a new body it had to reach the bloodstream. This was easiest in anal intercourse because of the blood circulation structure there.

For this reason it appeared to have spread among homosexuals and bisexuals, who practised anal intercourse without the protection of a condom.

The disease also more readily took hold on a woman who had any one of a number of venereal diseases, because these diseases caused vaginal and cervical inflammation, providing a ready course into the blood stream.

"For that reason our whole campaign is geared to inform the public that monogamy, which is sexual relations with a single partner, is best.

However, in the case of promiscuity or where the partner is doubtful, a condom should be used to give protection."

As part of this campaign, 65,000 outlets had been established throughout the country at which condoms were available free of charge

Scarification

Another approach was through traditional healers, who used scarification in the treatment of some illness. They had been persuaded to ensure their instruments were sterile, so as not to pass on the disease from one patient to another.

"There is no way that mosquitos can transmit the disease," Dr Van Niekerk said to queries as to whether mosquitos could convey AIDS, as they did in the case of malaria.

The other known methods of transmission were by blood transfusion, and through transmission from the mother to the child in her womb.

Haemophiliacs were also at risk, as were habitual drug-users, although drug-users had not affected the incidence in South Africa as yet.

In the case of blood transfusions, about 1.5 million donors had been tested, of whom 105 donors had been positive, or 0.08 percent.

Dr Van Niekerk said the figure might be inflated in that some people volunteered as blood donors in order to be tested. But any patient could be tested, with a medical aid fee of R30, and R35 for the second test.

AIDS Cases

To date, 98 cases of AIDS had been treated in South Africa of whom 66 had died, representing a mortality rate of 65 percent. Of these 98 cases, 76 were from within South Africa and 22 from outside the borders.

The South African 76 cases comprises 65 homosexuals or bisexuals, five heterosexuals, three by transfusions and three haemophiliacs.

Of the 22 from across the borders, 11 came from Malawi, eight from Zambia, one from Zaire, one from Canada (an intravenous drug user) and one from Haiti.

These were all heterosexuals. "They were said to have African AIDS. But there is no such thing as African AIDS—it is a misnomer," Dr Van Niekerk said.

The question arose as to why AIDS was transmitted heterosexually in Africa but mainly homosexually elsewhere in the world. The prevalence of sexual habits in the different cultures accounted for this, as well as the increased likelihood of prostitutes and women with VD obtaining and transmitting the disease more readily.

Dr Van Niekerk said that all prostitutes could be tested at clinics.

Mine Workers

Regarding more than 1,000 carriers of AIDS—so-called HIV positive cases identified among mine-workers, Dr Van Niekerk said negotiations between the mine companies and workers were still taking place.

Those whose contracts expired could be deported, but he hoped soon to have statistics about the length of contracts of the others. This group formed a separate problem in how to treat them "humanely and justly" while caring primarily for the interests of South Africa's population.

All would-be workers from high risk countries—Malawi, Zambia, Zimbabwe, Zaire, Malawi and Burundi—were automatically being tested before being allowed to work in South Africa.

'Phantom' AIDS Disease Emerges

54000081d Johannesburg *THE STAR* in English
10 Feb 88 p 1

[Article by Joe Openshaw]

[Text] Psychiatrists and doctors in Johannesburg are being presented with a growing number of "phantom AIDS" cases, a new and terrifying disorder in which sufferers are convinced they have AIDS and develop classic symptoms of the disease.

The AIDS phobia is a result of the "fear arousal" campaigns conducted both here and in other parts of the world aimed at combating the disease and inducing sexual behavioural changes in people whose life-style makes them vulnerable to AIDS.

"There has been an increase in the number of 'phantom AIDS' cases and these patients display symptoms of the disease such as loss of weight, night sweats and diarrhoea and can only be cured by intensive therapy," Dr Dennis Sifris, a member of the AIDS Advisory Committee told *THE STAR*.

The "phantom AIDS" patients insist on repeated HTVL tests to find out if they are AIDS-positive because their phobia is so persistent they doubt the validity of tests.

"The belief they have the disease is so strong it undermines their faith in medical professionals and they go from doctor to doctor for reassurance," said Dr Sifris.

Relations With Prostitutes

The most prone to "phantom AIDS" are people who have in the past had sexual contact with partners in high-risk categories and the disorder is also prevalent among happily married individuals—mainly husbands—who at one time or another have had extra-marital relations with prostitutes, he said.

A leading Johannesburg psychiatrist told *THE STAR* fear arousal campaigns helped the majority to reconsider their life-style but were bad for those who had "sexual skeletons" in their cupboards and were prone to phobia.

"Guilt and shame play a major role in the phobia and their condition is exacerbated by the stigma attached to the disease.

"Fear of cancer can also produce phobia and phantom symptoms, but a man in this situation would have no hesitation in telling his wife what is worrying him and thus be assured of support.

"A man who fears he has AIDS shies away from telling his wife, or anyone else—often including his psychiatrist—because he is ashamed and starts experiencing

night sweats, difficulty in breath and diarrhoea which are evidence of his distressed psychological state and strengthen the conviction he has the disease."

Indulging a patient in whom HTVL tests have proved negative by sending him for further testing was not a solution and served only to feed his phobia. The use of anti-phobia drugs in conjunction with therapy was the answer, the psychiatrist said.

/06662

Natal's Polio Crisis Worsens

54000082 Johannesburg *THE CITIZEN* in English
10 Feb 88 p 17

[Text] Durban—Natal's polio crisis worsened yesterday with the news that a 10-month-old Black baby suffering from polio had been admitted to the Intensive Care unit at Durban's Addington Hospital.

Two more polio cases have also been confirmed and another four children, suspected of having the disease, have been admitted to hospitals in the province.

A spokesman for Addington Hospital confirmed yesterday that a baby boy was transferred from Stanger provincial Hospital to King Edward VIII Hospital on Monday.

"He was then brought to our hospital because all the respirators at King Edward are being used. He is in a stable condition today," he said.

An 18-month-old baby boy, who is suspected of having the disease, was also admitted to King Edward on Monday. The child, from Umbumbulu on the Natal South Coast, is not on a respirator and is in a "fair" condition.

It has not yet been confirmed whether he has the disease.

A spokesman said there were another nine polio cases in the hospital: "Eight of them are on respirators and are in a serious condition. Many of them are improving, but it is a long process."

One child was transferred to Clairwood Hospital on Monday."

At Eshowe provincial Hospital, two more cases have been confirmed today. This brings the number of confirmed cases there since the outbreak of the epidemic to three.

At present, there are still four suspected polio cases in the hospital. All children are in a satisfactory condition.

A seventh child, earlier suspected of having the disease, was discharged on Monday.

At Port Shepstone provincial Hospital on the South Coast, there are two suspected polio cases.

A hospital spokesman said the children were believed to be from Munster.

There is another suspected case at Ngwelezane Hospital, near Empangeni.

A spokesman said a three-year-old boy from the Empangeni area was admitted on Monday. He was in a "serious" condition, but was not on a respirator.

At present, there are five other polio cases in the hospital.

At Clairwood Hospital in Durban, there are 16 youngsters recovering from the disease.

/12913

Hepatitis Hits Soldiers

54000081b Johannesburg *THE STAR* in English
15 Feb 88 p 4

[Text] Yellow jaundice has laid low at least 62 national servicemen and Permanent Forced members serving in the operational area.

They are now in a satisfactory condition in military hospitals in South Africa, an SADF spokesman said yesterday.

Yellow jaundice, also known as Hepatitis A, is not fatal, but requires a long recovery period. It is usually transmitted by contaminated water or food.

/06662

Regional Strategy Proposed To Fight Malaria

54000081a Johannesburg *BUSINESS DAY* in English
3 Feb 88 p 13

[Text] Durban—The Department of National Health is to formulate a strategy to combat malaria on a regional basis throughout southern Africa which will include the administrations of Mozambique, Swaziland and the national states.

KwaZulu Secretary of Health Dr Darryl Hackland said from Ulundi yesterday that a top-level meeting had been held recently in Cape Town between the KwaZulu Ministers of Health and the Interior and the Central government departments of Development Aid and National Health.

At the meeting the participants had acknowledge that the problem of malaria was a southern Africa one.

/06662

Mosquito Responsible for Recent Malaria Identified

54000081c Johannesburg *THE STAR* in English
9 Feb 88 p 13

[Article by Brian Stuart: "Mozambicans Blamed for Malaria Spread"]

[Text] Cape Town—The increased incidence of malaria in Southern Africa may be ascribed to the recent prevalence of a mosquito called *Anopheles Arabiensis*, while in the past a *Gambiae* was mainly responsible for transmitting the disease.

Dr Will van Niekerk, Minister of National Health, told the Press in Cape Town yesterday that only a pregnant female mosquito bit and therefore carried the disease from one person to another.

Arabiensis became pregnant more often than *Gambiae* and had a higher biting frequency.

The rising prevalence of *Arabiensis* was one of the problems in combating the spread.

Most important was the migration of Mozambicans across the border into Natal, KwaZulu, Kangwane and Gazankulu. Testing had revealed that 30 percent of these migrants were infested with the malaria parasite—that is, they were carriers.

These migrants were resistant to the drug chloroquine, which is normally administered, and instead had to receive alternative and more costly treatment.

Dr Van Niekerk said part of the programme to combat the illness was the spraying of the area to prevent the emergence of mosquitoes from water.

A committee was now being set up, with representatives from Mozambique, Swaziland, South Africa, Kangwane, KwaZulu and Gazankulu, to take concerted action against the malaria-carrying mosquitoes.

/06662

AIDS Surgeon, Blood Donor, Incidence in Women Examined

Infected Surgeon Issue

54200027 Ottawa *THE OTTAWA CITIZEN in English*
18 Feb 88 p A4

[Text] Toronto (CP)—An Ontario doctor performed hundreds of operations—many of them on children—while suffering from AIDS, but it's unlikely he spread the fatal virus to his patients, provincial officials say.

Dr Christopher Pattee, An ear, nose and throat specialist in the southwestern city of Guelph, died 24 December.

It is not known if Pattee realized before 26 November when he performed his last operation, that his infections were the result of AIDS, officials said. At that point his symptoms became severe and on 1 December he sought help from another doctor.

Three days later he had an AIDS test. The results came back 4 days after his death, and were made public Wednesday.

Dr Richard Schabas, Ontario's chief medical officer of health said he has asked professional bodies governing doctors, dentists and nurses to study whether patients should be told when health care workers are infected with AIDS.

Although there is no evidence acquired immune deficiency syndrome has been spread from any health-care workers to patients, the Guelph case raises an ethical question, Schabas told a news conference.

The Ontario College of Physicians and Surgeons and the other medical groups will be asked to consider "what are the responsibilities of health-care professionals, recognizing that there's a very large element of trust" in their relationship with patients.

Doctors must report AIDS cases to medical officers of health, but they are not required to reveal if they have the condition.

Dr James Young, Ontario's deputy chief coroner who headed an investigation into Pattee's death, said there is no indication the doctor did anything that would spread the virus to patients.

Pattee performed about 140 operations a year at Guelph General Hospital and a few each year at St Joseph's Hospital, also in Guelph.

"Direct contact between the blood of the surgeon and the bloodstream of the patient would have to take place for transmission of AIDS to occur," Young said. "Investigators found no evidence that Pattee had cut himself during surgery or punctured surgical gloves."

The AIDS virus destroys the body's immune system, leaving it open to a variety of diseases.

To date 1,517 Canadians have been diagnosed as having AIDS and 821 of them have died.

Schabas said he is aware of only two other Ontario doctors and a dentist who have contracted AIDS. One doctor and the dentist have died, and all three curtailed their practice as soon as they learned they were infected.

Blood Donor Legal Question

54200027 Ottawa *THE OTTAWA CITIZEN in English*
23 Feb 88 p A8

[Article by Keith Spicer]

[Text] Until a remedy is discovered, testing positive for antibodies to the virus that causes AIDS is akin to being sentenced to a terrible death. (It is possible, but highly unlikely, that someone exposed to the virus will never contract the disease.) This devastating knowledge has led some AIDS patients to anti-social activity that is almost horrible to contemplate.

Last week it was revealed that a Vanier man donated blood to the Red Cross despite certain knowledge that he's carrier of the acquired immuno-deficiency syndrome antibody. The man also allegedly remained sexually active without warning partners of the danger of infection. AIDS is spread through body fluids such as blood and semen.

The Red Cross has effective screening procedures to prevent AIDS carrier from wilfully infecting people who get blood transplants. All donated blood is tested for the AIDS antibodies, and contaminated donations are retested to ensure the first test was correct.

But there is still no equally effective way to stop an AIDS carrier from intentionally infecting others by having sex with partners unaware they are being exposed to the virus.

On Monday, Ottawa police met with Crown Attorney Andrejs Berzins to discuss laying criminal charges against the Vanier man. Charges discussed ranged from mischief to attempted murder.

Canadian law already includes charges for reckless indifference to public safety. However, the Criminal Code and the existing public health laws do not allow authorities quickly to isolate people suspected of endangering lives through sexual activity.

And, under Ontario law, doctors still cannot warn partners about an AIDS patient's affliction "unless authorized by the patient or required specifically by law to do so."

A proposed revision of the Criminal Code would create a new offense called "crimes causing danger." Under the proposed section, "Everyone commits a crime who negligently creates a risk of death or serious harm to another person."

Both the public warning provisions of the Public Health Act and the Criminal Code provisions on the willful transmission of the lethal AIDS virus should be quickly revised. The law must be updated to deal with the lethal weapon AIDS has created for deranged members of society who become afflicted.

Society can protect itself without trampling on the human rights of AIDS patients. But there must be stern legal measures to allow for incarceration of AIDS carriers who can be proven to be knowingly infecting others.

Incidence in Toronto Women

54200027 Ottawa THE OTTAWA CITIZEN in English
20 Feb 88 p A18

[Text] Toronto—Health officials have noted a disturbing increase in the number of AIDS infections among women in Toronto, says a city medical officer.

Barbara Yaffe, associate medical officer of health, said Toronto Board of Health statistics give fuel to fears that AIDS continues to make inroads in the general population.

The high-risk groups for AIDS are homosexual men, intravenous drug abusers and a smaller number of people who had blood transfusions before screening began in 1985.

Yaffe said in an interview that women accounted for just over 4 percent of new AIDS infections reported in Toronto in 1987, compared to less than 1 percent in 1985.

Half of the women got the virus from sexual contact with infected men, she said.

Yaffe also reacted to an earlier report that suggested the spread of AIDS among heterosexuals is not as serious as originally feared.

"Until we have something like a vaccine we have to take personal responsibly and avoid high-risk behavior, because everyone is at risk," she said.

As of this month, Toronto has recorded 349 cases of AIDS. Of those, about half have died. In addition, there are 2,500 cases of positive blood tests for the virus in Toronto.

/12232

Total of 2,145 Cases of Tuberculosis Reported in 1986

54200028 Ottawa THE OTTAWA CITIZEN in English
3 Feb 88 p A12

[Text] A total of 2,145 new and reactivated cases of tuberculosis were reported in 1986—up one case from the all-time low of 2,144 cases in 1985, Statistics Canada said Tuesday. In Ottawa-Carleton, the number of cases remained the same through 1985 and 1986. Of the 40 cases reported in 1986, 25 involved immigrants, people born in other countries or travellers returning from abroad. As in previous years, Indians, Inuit and immigrants accounted for a large number of the cases across the country. However, the number of cases among natives fell 34 percent in the 10 years ending in 1986 and the number of cases among immigrants was down 15 percent.

/12232

Further Atlantic Area Cleared for Shellfish Sale

54200029 Ottawa THE OTTAWA CITIZEN in English
18 Feb 88 p A12

[Text] A large area of Prince Edward Island has been cleared for resumption of sales of some shellfish, the federal Fisheries Department announced Wednesday in Ottawa. The area is within a straight line between East Point and Cape Bear in eastern P.E.I. except for the Cardigan River. Sampling in the river is still under way. Sales of mussels, clams, oysters and quahogs were stopped in December after more than 11 people became sick and at least two died after eating contaminated shellfish. Many parts of the Atlantic provinces have already been reopened for sale of the fish.

/12232

Ottawa Area Rabies Alert Issued After Rabid Animals Found

54200031 Ottawa THE OTTAWA CITIZEN in English
3 Feb 88 p B3

[Article by Sharon Trottier]

[Text] Agriculture Canada has issued an area-wide rabies warning after several rabid animals turned up in the Ottawa area. In one case, two Nepean boys were attacked by a fox.

Department spokesman Dr Gordon McArthur said the boys, both seven, were attacked by the rabid fox last week while tobogganing in Nepean's Centrepoinette area, between Baseline Road and Meadowlands Drive at Woodroffe Avenue.

The boys' snowsuits prevented the animal's bites from breaking through to their skin, said McArthur.

However, several Ottawa area residents are being treated for rabies after coming in contact with a rabid animal, in most cases a family pet, said McArthur.

The infected people are now receiving a series of five needles against rabies, he said. The last Ottawa-area rabies-related death occurred in 1966.

McArthur said parents are being advised to warn their children to stay from wild animals. About 60 rabid animals have been found in the area since October, he said.

"Foxes became vicious and will attack when they contract rabies."

While a few rabid foxes and skunks have been found in Nepean and Kanata, most of the cases have been in rural parts of Cumberland and Gloucester.

Three rabid dogs were discovered in Cumberland in the last 3 months of 1987. McArthur said 22 rabid animals, most of them foxes, were picked up in January.

Pets should be vaccinated, particularly if they are allowed to roam. Pet owners near National Capital Commission land or forests should keep their dogs tied and confined in the yard at all times, said McArthur. McArthur said people should never touch a dead wild animal. They should call local municipal law enforcement officers or the NCC, depending where the animal is discovered.

Residents are also asked to report any suspected cases of rabies to the Department of Agriculture at 988-8784.

/12232

Distemper Epidemic Reported Killing Arctic Sled Dogs

54200032 Toronto *THE GLOBE AND MAIL* in English 22 Feb 88 p A5

[Text] Yellowknife—a distemper epidemic that has killed almost 1,000 Arctic sled dogs could bring financial ruin to local hunters and guides. The outbreak struck in the central Arctic late last year and has spread as far east as Greenland. In the hamlet of Arctic Bay on the northern tip of Baffin Island, two-thirds of the 145 working dogs have died, and polar bear sport hunts scheduled to begin from there next month will be cancelled or drastically reduced. "For some of our guides, this is their sole source of income for the year," Craig d'Entremont, the hamlet's secretary manager, said.

/12232

Tick-Borne Lyme Disease Found in Ontario Wildlife

54200030 Ottawa *THE OTTAWA CITIZEN* in English 16 Feb 88 p A21

[Text] Long Point Ontario (CP)—An insect-borne disease that can cause cardiac or arthritic complications if untreated is being carried by ticks found near this southwestern Ontario community.

Lyme disease, which takes its name from Lyme, Connecticut, where it was first discovered in 1977, is spread to humans through the bite of one species of ticks, which normally attacks rodents and deer.

Local doctors have been informed that micro-organisms that can cause Lyme disease are circulating among wildlife in Long Point, said Doug Kittle, Haldimand-Norfolk medical officer of health.

"Although there have been no human cases yet, the potential is there," he said.

/12232

HONG KONG

Hepatitis Outbreak Continues Rise; New Strain Found

'Epidemic' Incidence

54400077 Hong Kong *SOUTH CHINA MORNING*
POST in English 9 Feb 88 p 1

[Article by Mary Ann Benitez]

[Text] The hepatitis A outbreak in Hongkong was nearing epidemic proportions, a senior Government doctor warned yesterday.

Deputy Medical and Health Department director Dr Lee Shiu-hung also said the disease could be far more prevalent than was apparent, because of under-reporting.

The number of viral hepatitis cases reported since January 1 yesterday stood at 551—an increase of 11 over the weekend.

Of this number, 162 people have been confirmed as having hepatitis A, with hundreds more on the sicklist suspected as suffering from the contagious liver infection.

Only 18 of the viral hepatitis cases are hepatitis B, which is generally more prevalent in Hongkong.

Dr Lee told a press conference yesterday the Government was concerned by the spread of the disease and had set up a 24-hour hotline to help people who feared they may have been infected.

The number of cases could be far higher than the official figures suggested, he said, because there could be many ill people who had not sought hospital treatment.

"I would say it is nearing epidemic proportions and we should be on the alert," he said.

"The cases are increasing every day. It is affecting different parts of Hongkong—there are cases reported from Hongkong Island, Kowloon and the New Territories."

Dr Lee appealed for public co-operation in controlling the spread of the disease. The next two weeks would be critical, he said.

"After all, this disease is preventable. It is transmitted through consumption of contaminated food and drink," he said.

The Hongkong authorities have not identified a common source of the hepatitis A outbreak and are continuing to discount a link with the Shanghai epidemic, which has struck 16,000 people after eating raw or partly cooked hairy clams last December.

Dr Lee said: "We have not established any link because among those cases that have come to our notice, there was no sign of movement to that particular part of China."

He said it would be "a miracle" if Hongkong could pinpoint any common source of the outbreak, owing to the virus' long incubation period. It usually takes about 15 to 50 days before symptoms appear and the severity of the infection varies from case to case.

The Government was now warning overseas travellers to take special care with their food and hygiene—but the advice was not confined to China.

No quarantine measures for travellers from China or other Southeast Asian nations are being planned.

Dr Lee said the 24-hour hotline on hepatitis A was set up yesterday because the department had been inundated with calls since the outbreak was announced last week.

The numbers are 5-8330111 (Cantonese) and 5-721324 (English).

New Strain

54400077 Hong Kong *SOUTH CHINA MORNING*
POST in English 10 Feb 88 p 3

[Article by Mary Ann Benitez]

[Excerpts] Several cases of the potentially deadly non-A, non-B form of hepatitis have been reported in Hongkong, the Medical and Health Department admitted for the first time yesterday.

Little is known about the strain but it is responsible for the epidemic that has spread through the remote province of Xinjiang in China.

The number of people affected by viral hepatitis in Hongkong approached the 600 mark yesterday with 41 more cases reported. A total of 592 cases have been notified, of which 188 are confirmed hepatitis A victims, the department said.

There are now 126 patients in hospital, compared with 107 on Monday.

Medical officials are having difficulty in detecting any specific region in the territory where the disease is being caught easily because of its lengthy 15 to 50 day incubation period.

The present outbreak is the biggest since the epidemic of 1976 that affected 1,761 people.

However the department has discounted any link with the epidemic in Shanghai in which more than 16,000 people are suffering from hepatitis A.

Unknown Origin

54400077 Hong Kong *SOUTH CHINA MORNING*
POST in English 16 Feb 88 p 3

[Excerpt] The Hepatitis A outbreak was almost certainly a local epidemic with no single source of infection, health authorities said yesterday.

Principal Medical Officer of the Medical and Health Department, Dr Chan Yai-man, said: "We have not been able to find a common source of infection and I do not think there was a single source.

"The outbreak is really local in origin as most of the patients had not travelled abroad."

Up to yesterday, a total of 688 cases of viral hepatitis had been notified, including 221 Hepatitis A victims.

The reports showed an increase of 9 confirmed cases of Hepatitis A over the weekend. A total of 118 patients are still in hospital.

Dr Chan said department investigations showed that the outbreak could not be traced to any single item of food, such as contaminated shellfish.

/06091

BARBADOS

Minister of Health Cites Funding Threat to Health Service

54400076 Bridgetown *BARBADOS ADVOCATE* in English 29 Feb 88 p 1

[Article: "Taitt: Health Service Dead"]

[Text] Health Minister Branford Taitt has said that the National Health Service "is now dead and it is only a matter of time before we go to Parliament to get the final touches to end the service as such."

He was responding to a question put to him on the VOB Radio programme Ellis and Company broadcast nationwide yesterday.

The minister added: "At the end of the day what quality health service people get for the taxes they pay, and these taxes may be in any form, will determine to a large extent how they respond to the taxes."

He said that the DLP had always contended that health levy and other levies were taxes and what the Minister of Finance did soon after the party came into office was to have the taxes collected in that form put into the Consolidated Fund where they should have gone in the first place.

Crux of Argument

Mr. Taitt recalled that it was agreed that the funds from the Health Levy would go into the general revenue so that although a health levy is collected the fact is that the money now goes into the Consolidated Fund which was the crux of the party's argument initially and in that respect it had fulfilled its manifesto pledge.

Responding to a further query that some people might be crude enough to suggest that the health levy was being taken under false pretences since there was no way of determining that the money was being used specifically to service areas of health, the health minister said all one had to do was to take the cost of the National Drug Service estimated at \$12 million this year, the cost of running the eight polyclinics and add the concomitant costs which should give crude overall cost figures.

This matter was explained by the minister of finance at length in the House of Assembly and he did in fact articulate that the monies collected from health levies would go into the Consolidated Fund, and I can tell you that the monies are going into the Fund, Mr. Taitt stated.

"There has been at least one definitive statement outlining the financial policy of the Government explaining this matter to the public, I thought satisfactorily," the minister contended.

Mr. Taitt said that in principle the health services offered across the country should be offered to everybody, but people could not exercise an element of choice and then say that the service is discriminatory. Everybody was able to go to a polyclinic and in that respect everybody got all of the services available there, therefore it would be impossible to talk of discrimination.

Organising Policy

If one chose to go to a private medical practitioner then they were certain aspects of that choice he or she would pay for and could not expect the country to pay for, Mr. Taitt said.

Mr. Taitt stated that he was in the process of organising the policy to satisfy the call by the general practitioners in private practice that 65 year-olds and people with chronic diseases and people who normally get free services ought to get those free services.

/12223

Advisory Group Offers Plans for Combating AIDS

54400072b Bridgetown *SUNDAY SUN* in English 7 Feb 88 p 1

[Article by Sonji Bovell]

[Text] Stepped-up television advertisements and re-education of doctors, nurses, funeral directors, the Press and the public, are all part of a plan of action to tackle the growing problem of Acquired Immune Deficiency Syndrome (AIDS) in Barbados.

However, an advisory committee set up by Government, thinks in the absence of chemical skills or vaccination, it could take at least five years before any efforts to combat the deadly disease are reflected in the numbers inflicted with the disease.

This was confirmed yesterday by Chairman of the National Advisory Committee on AIDS (NACA), Professor Mickey Walrond, who noted that already work had started in some areas.

Some of these were identified as changes to the television ads warning of the dangers of AIDS, which are aired free of charge by the Caribbean Broadcasting Corporation (CBC), a December 17 symposium for medical students and doctors, and some education programmes for teachers.

Plans are now being drawn up for further education on the disease for staff at homes and polyclinics, Walrond added.

SUNDAY SUN investigations revealed that a report prepared by the committee said: "The AIDS tip of the HIV iceberg will continue to grow for at least five years before any effective measure of control introduced at this time can be expected to show statistical effect."

The committee however, believes the Press was responsible for raising panic among members of the public and those of the health profession. Taking an example from a story which related to the death of a young AIDS patient, the paper states, "The Press...has spread alarm and panic throughout the society including the health professions."

"Panic combined with some ignorance, has led to inappropriate behaviour in all sectors of the community."

The committee considers education as the key to control of the deadly disease.

"Education for the prevention and control of the HIV infection must be addressed to the public in general and at the health institutions.

"Since this disease affects youth, and is spread through sexual activity and will take time to control, children and youth must be a special target for education efforts," the draft report read.

The advisory body said that although favourable impact has been made on general practitioners, the evidence for such an impact on others in the health profession is "patchy."

Thus, the paper suggests there might be need for a survey among these health professionals, from which a further educational thrust may be structured.

The paper also singles out obstetricians, paediatricians, social workers, ambulance workers, the police, firemen and those handling open wounds for more intensive educational programmes.

The committee's proposed plan of action includes producing a second series to replace the television advertisements produced by the Barbados Association of Medical Practitioners (BAMP) and setting up a watch-dog sub-committee to review Press publications and articulate responses.

08309

Cancer Situation Assessed—Mortality Increasing
54400072a Bridgetown *DAILY NATION* in English
2 Feb 88 p 24

[Article by Hartley Henry]

[Excerpt] Barbadians continue to die at a rate of more than one a day from cancer as scores of new cases are detected monthly.

The official figures for 1987 are yet to be published, but preliminary statistics suggest the number of deaths will surpass by far the 408 of the previous year.

Executive officer of the Barbados Cancer Society, Jenise Belgrave, confirmed this fear yesterday, saying cancer of the cervix, prostate and digestive system had reached an alarming rate and scores of new cases were being detected.

She said the society would not be surprised if cancer soon became the No 1 killer in Barbados. This slot is now occupied by diabetes and high blood pressure.

Belgrave said they were encouraged by the number of people coming forward to be tested, but generally, Barbadians were not treating the disease as seriously as they should.

"They need to know a bit more about the disease. Testicular cancer is one area which men should familiarise themselves with because it's growing in Barbados. We still have the second highest uterine and prostate cancer rate in the world, and are ninth in stomach, 14th in breast and 17th in oral cancer.

"Uterine, prostate and breast offer the greatest potential for prevention or cure and Barbadians should capitalise on the services offered by the society and in public health institutions," Belgrave said.

She blamed the high incidents of cancer on bad eating habits, smoking and lifestyles and announced plans by the society to embark on a major educational drive in 1988.

08309

BELIZE

Latest Report on AIDS: 14 Afflicted, 4 Fatalities
54400073 Belize City *THE BELIZE TIMES* in English
24 Jan 88 p 1

[Text] Belize City, Thursday Jan. 21, 1988—On the programme MEET THE MINISTERS aired last night on the state controlled radio, the Minister of Health stated quite unconcerned, that so far fourteen cases of AIDS (Acquired Immune Deficiency Syndrome) have been diagnosed in Belize. Four of these patients, the Minister said, have died.

This alarming piece of news has sent shock waves throughout the community confirming fears that the disease is much more prevalent than we dared to believe. The AIDS virus was first diagnosed in Belize just over a year ago and according to private health authorities this figure is definitely high for a population of over 160,000.

As far as we know the only means of public education on AIDS has come from PAHO in the form of a pamphlet. The Ministry of Health better stop the cries of "no money" and embark on a public awareness campaign.

08309

BRAZIL

Reported Malaria Cases Expected To Total 1 Million Annually

54002012 Sao Paulo ISTOE in Portuguese
27 Jan 88 p 56

[Text] The number of Brazilians infected with malaria each year is expected to double by 1990. According to estimates made by the Superintendency for Public Health Campaigns [SUCAM], the number of cases reported during the next 2 years will probably reach 1 million for each of the 12-month periods. This is more than twice the 452,000 cases reported last year. If this catastrophic forecast is confirmed, the attack by the Anopheles, the mosquito which transmits malaria, will now cause 20 times more Brazilians to suffer from the disease than those infected 20 years ago. Most of those infected reside in Amazon River jungle areas. This applies principally to the mining prospectors who penetrate the jungle and sleep in improvised shelters.

"In general, the shack-type dwellings of those prospectors have a plastic cover which also serves as a wall," asserts the clinical doctor, Guilherme de Moura Magalhaes, 61 years of age, who, since 1960, has been working toward the eradication of malaria. "This kind of dwelling is impractical against the action of DDT, the insecticide which we use against the Anopheles." Meanwhile, although it is almost exclusively confined to the Amazon River region, malaria is now beginning to invade the southern states. For example, there were 3,040 cases in Sao Paulo last year, almost all of them involving people who came from infected areas.

"However, it is the disorderly manner in which the Amazon River region is being occupied that is causing the imbalance," analyzes Carlos Jose Mangabeira, director of SUCAM's malaria division. In addition to the drastic deforestation which is changing the habitat of the Anopheles, causing it to have greater contact with human beings, the construction of the dwellings is not consistent with any sanitarian criterion. "SUCAM is not informed about new construction permits or mining claims and this makes it difficult to keep track of the area," says Tadayasu Sakamoto, SUCAM's clinical doctor.

Medical Unawareness

Although the official estimates are frightening in themselves, the reality appears to be even crueler. "Some observers estimate the real number of those infected to be about three times greater than the official figures,"

says Antonio Guilherme de Souza, head of Sao Paulo's Superintendency for Combating Epidemics [SUCEN-SP]. In his opinion, in addition to the chaotic occupation of the Amazon River region, what makes any effective health control impossible is the fact that the doctors do not know how to diagnose and treat malaria. "In areas where malaria is not endemic, the doctors take a long time to detect the presence of the disease, and this can lead to the death of the patient, as has already occurred."

Made cautious by many experiences in the past, Antonio Guilherme de Souza is now concerned about the possible return of dengue fever which in 1986 victimized hundreds of thousands of Brazilians, principally residents of Rio de Janeiro. "The return of dengue fever is very dangerous inasmuch as it can occur in its hemorrhagic form which at times is fatal," he explains. In Souza's opinion, there is no doubt that this disease will return in its cruelest version. "Dengue fever is present in Colombia, Venezuela and Paraguay, countries which border on Brazil. There is no way to avoid contagion." In Sao Paulo SUCEN is taking precautionary measures, having placed 1,700 employees in circulation throughout the state assigned to track down the *Aedes aegypti*, the mosquito which transmits dengue fever and reproduces more rapidly during the hot summer months.

08568

GUYANA

Minister of Health Reviews Programs in Progress

54400074a Georgetown GUYANA CHRONICLE in English 6 Feb 88 p 5

[Text] Georgetown Hospital will get a \$20m (US) facility, funded by the Inter-American Development Bank (IDB), for outpatients care.

This was disclosed by Senior Minister in the Ministry of Health Dr. Noel Blackman when he addressed programme heads of the Ministry of Health yesterday on the final day of their two-day annual meeting.

Minister Blackman also disclosed that construction work on this facility will begin this year. Some sections of the hospital will also be rehabilitated and new sections added.

The new sections are a Dialysis Unit, a Burns Unit and a Recovery Room.

He spoke of a programme through which Government Medical Officers will be trained at that hospital. This facility, he explained, will be expanded to the West Demerara Regional Hospital.

The gathering was also informed about the construction of an AIDS laboratory at the Georgetown Hospital. Establishment of the laboratory is awaiting the arrival of equipment to commence testing for the AIDS virus.

"The Maternal Child Health Programme," Minister Blackman said, "continues to develop, as the Expanded Immunisation Programme being executed with help from the Pan American Health Organisation (PAHO), United Nations International (Children's Emergency Fund (UNICEF) and the Canadian International Development Agency (CIDA)."

Also, according to Cde. Blackman, an accelerated immunisation programme will begin on March 15.

Citing other health programmes projected for 1988 and successes achieved, Minister Blackman spoke about plans to employ two full-time nutritionists. A 3-year UNICEF programme, which involves evaluation of nutritional status, introduction of the Caribbean Growth Chart and training in community management of under-nutrition are also to be done.

Funds have been allocated to the Diarrhoeal Diseases Programme to conduct national surveys on the disease and the University of Guyana begins training Public Health Nurses in September.

Earlier Dr. Moti Lall, Director Chest Diseases, had told the gathering that there has been significant decreases in the incidence of tuberculosis infection and the department hopes to eradicate the disease by 1990.

"Even though we have made many accomplishments in 1987 and have done well, we have much more work to do," Minister Blackman told the health personnel.

He advised that this year will call for greater responsibility. And that there was need to do better.

08309

Outbreak of Measles Strikes Children in Interior
54400074b Georgetown MIRROR in English
7 Feb 88 pp 2-3

[Text] Again an outbreak of measles has hit interior children. Reports say that so far, eight children have died and a number are dangerously ill. Measles and malaria have been hard on Guyana's Amerindian children.

Recently, it has been observed that the number of children being taken to the outpatient Public Hospital has increased. A recent survey showed a large number of children in the care of parents, seeking treatment for severe diarrhoea. Many cases were observed to be suffering from dehydration, one of the dangerous consequences of severe diarrhoea, particularly in children.

Parents have been advised to give their children large amounts of fluids to build back that which has been lost. Even though the water situation is somewhat improved, it is still advisable to boil all water used by children for drinking purposes.

08309

Contaminated Water System Blamed for Illnesses
54400075a Georgetown MIRROR in English
24 Jan 88 p 1

[Text] Findings on the tests carried out by the Government Analyst Department on samples of the muddy water coming through taps have now confirmed that the presence of harmful bacteria in the water has reached a dangerous level. This revelation has now confirmed fears of suspected contamination of the murky water flowing from taps in recent weeks. The water is not only foul smelling but unpalatable, discoloured and contains visible sediments.

The water, it is suspected, is linked to the spate of gastroenteric symptoms, namely, diarrhoea, which has been affecting citizens. At any rate this possibility cannot be easily dismissed in the face of the laboratory findings, said one source. The presence of E Coli, a bacteria which inhabits the intestine, is said to be so high in the water that the outbreak of diarrhoea seemed to be the logical outcome, the same source said.

According to the findings of the index test carried out on the water samples, the count showed that the presence of harmful bacteria upset the balance, which under normal conditions, would have shown the count of Saecal Coliform at [figure illegible] to 100 ml. of water. Now it shows the alarming count of Saecal Coliform at 180 to 100 ml. of water. The poor quality and the low pressure of the water led to widespread protests from citizens in the capital city.

Sources said that low pressure resulted in the Waterworks Commission being unable to activate equipment responsible for the chlorination process. A shortage of the chemical aluminium sulphate (alum) had also affected operations at the Waterworks Commission.

/06091

Extent of, Costs Involved in Malaria 'Epidemic'
Cited
54400075b Georgetown OPEN WORD in English
25 Jan 88 p 3

[Text] Pomeroun residents are suffering from a malaria epidemic. Whole families are affected and some persons have had the illness as many as three times.

Residents have to pay over \$20 to get to Charity hospital where treatment is free. However, drugs there are often not available. In many cases patients have to travel 24 miles to the Suddie Hospital where there is a charge of \$150 for drugs. The patient is then sent home and since most cannot find the money to return to Suddie the illness soon recurs.

The most seriously affected are the Amerindians who can least afford the high cost of travel for help.

/06091

Vector Control Measures Taken for Filaria, Dengue Fever

54400075c Georgetown GUYANA CHRONICLE in English 27 Jan 88 p 5

[Text] The Vector Control Unit of the Ministry of Health has begun surveying Buxton Village for filaria infection, Dr. Keith Carter, Director of the Vector Control Unit, said yesterday.

This resulted from reports to the Ministry of Health.

Filaria is caused by the 'wuchera bang crofti,' a parasite transmitted by the culex mosquito.

The Ministry has also stepped up its battle with the Aedes Aegypti mosquito which carries Dengue and urban Yellow Fever.

"Even though these diseases have not occurred in the recent past, we cannot afford to be complacent," Dr. Carter said.

/06091

INTERNATIONAL

Conference Recommends Measures To Curb Spread of AIDS

54000003 Jeddah RIYADH DAILY in English
11 Feb 88 p 3

[Text] Kuwait, Feb. 10 (R)—A Middle East AIDS conference urged states in the region to take steps to curb the spread of the fatal disease even if they have no cases at present, a senior Arab health official said today.

Hussein Abdul-Razzaq Al-Jazairi, World Health Organization (WHO) director for the Eastern Mediterranean, told reporters the conference recommended that each state set up an AIDS committee if it had not already done so.

The committee should be composed of education, health, interior and social affairs officials to advise governments on how to act, he said.

Only 78 cases have been reported in WHO's Eastern Mediterranean region, which stretches from Morocco to Pakistan.

But experts warn that the Human Immuno-deficiency Virus (HIV) that causes it is spreading throughout the region and will trigger a rash of new victims in the coming years.

As of last month, more than 77,000 cases had been reported worldwide, most of them in the United States, Europe and Africa.

In the early stages of the epidemic there may be as many as 100 undetected HIV carriers for every reported AIDS case, WHO's AIDS Director Jonathan Mann told the conference, which ended today.

Up to 40 percent of HIV carriers get AIDS, but the symptoms may not appear for several years. Jazairi said each state should take its own preventive steps.

"Some countries have large tourist populations, other large numbers of foreign workers. Some have many AIDS cases, others have none. Each state must take the appropriate measures."

Jazairi said there was no reason for Middle East states to require HIV blood tests of the general population. "We have states that have tested 70,000 to 80,000 people and found not a single HIV carrier."

"Testing must be balanced, and depend on the degree of danger," he said.

Several Gulf Arab states require foreign workers to be tested for the virus when they request residence visas.

WHO has criticized the blanket testing of foreign tourists and visitors, required by Iraq. But it has not made specific recommendations on how states should treat their foreign residents.

The conference, attended by health officials from 21 countries and Arab and Western experts, heard frequent calls for programs to educate people on how AIDS spreads.

08309

INDIA

Survey Detects 145 AIDS Positive Cases

54500114 Calcutta THE STATESMAN in English
6 Feb 88 p 9

[Text] Feb. 5—Data collected by the Indian Council of Medical Research from all centres during work on the acquired immuno deficiency syndrome shows that so far 145 persons, mostly prostitutes, have been found to be sero-positive (that is, they carry the AIDS virus). The data suggests that in India heterosexual promiscuity is the major mode of transmission of the human immuno deficiency virus.

Over the last three years the ICMR has set up a network of clinics for AIDS surveillance, 36 centres spread throughout the country have been testing professional blood donors and people in high-risk groups—prostitutes and men and women attending clinics for venereal diseases—these centres have been functioning under four reference centres established at Christian Medical College, Vellore, All India Institute of Medical Sciences, New Delhi, National Institute of Communicable Diseases, Delhi, and National Institute of Virology, Pune.

The reference centres have been training persons for carrying out surveillance tests, performing Elisa tests and confirming cases with the Western Blot test. Reports are compiled fortnightly and Elisa kits were supplied to the surveillance centres.

Until mid-October last year a total of 56,934 people were screened for HIV antibodies. Of these 35,072 were men, 16,739 were women and 113 were eunuchs. For 5,010 samples the sex of the person was not known.

The reference centres have so far reported 13 AIDS patients in India. Of these, nine are Indians and four foreigners. Interestingly, there is evidence to suggest that in eight of the nine cases of Indians, infection was possibly acquired abroad. Two of them had blood product infusion or blood transfusion abroad, one had homosexual contacts abroad, while the other five had been heterosexually promiscuous while abroad. The ninth AIDS patient is the wife of one of the patients.

Of these 13 cases in India nine have died, including one foreigner and eight Indians. While two foreigners were deported from the country, a non-resident Indian and a foreigner returned to the USA.

The ICMR surveillance centres have been asked to follow-up all the 145 sero-positive cases. So far data suggest that all these cases have remained unsymptomatic. However, regular follow-up over the next few years will provide valuable data on the course of HIV infection.

The ICMR feels that although the World Health Organization had evolved certain clinical criteria in 1986 for use in developing countries where diagnostic facilities were not available for AIDS. These criteria may not be quite suitable for countries like India where malnutrition and undernutrition, tuberculosis, parasitic infections and skin infections were widespread. The WHO criteria needs to be evaluated independently in India, ICMR feels.

In India, as stated earlier, most of the sero-positive cases are prostitutes. Attempts to trace the sexual partners of these women havenot been very successful.

In India there have also been four cases of pregnancies in sero-positive women. While two women have given birth to live infants, the third had an intrauterine death (death of child before birth). In late October last year it was found that one of the two live infants was sero-positive at the age of nine months.

So far the screening programme of the ICMR has been restricted to professional blood donors, prostitutes, people attending clinics for venereal diseases and spouses of sero-positive cases already detected. The ICMR says that it has been able to establish a surveillance system with the least possible expenditure on equipment. Special programmes like screening of foreign students has also begun. Under this more than 6,600 students have been screened and 23 were found to be sero-positive. All these students are so far healthy and asymptomatic.

In India over one million bottles of blood are transfused each year, and it has been found, that is, functionally, to be a major source of AIDS infection.

/06091

Medicine in Rural Areas Reported in Unhealthy State

54500115 Bombay *THE TIMES OF INDIA* in English
9 Feb 88 p 9

[Text] New Delhi, February 8—Primary health service facilities in the country came in for considerable talk at a meeting of the parliamentary consultative committee of the health ministry.

A presentation on the structure and efficacy of the primary health services by the Indian Council of Medical Research revealed that inadequate staff manned these centres and maintenance of the equipment was poor.

On the availability of drugs at the PHCs, the members were told that the supply of drugs was the responsibility of the state governments. The Central merely supplemented the drugs to the tune of Rs 6,000 per block.

But drugs for national programmes like leprosy control, T.B., blindness, eradication of malaria and those supplied under the maternal and child health services are the responsibility of the Centre. The Centre was, however, in touch with the state governments on their budget provisions for drugs and the logistics of reaching them to the PHCs.

To encourage doctors to work in rural areas, the eighth finance commission had recommended specific allocations in state budgets for providing incentives.

Mr P.V. Narasimha Rao, Union minister for human resources development and health, pleaded for a thorough evaluation of different components of primary health services so that in the next two plans the medical system in the rural areas was perfected. He also emphasised the need for better health education in rural areas and greater stress on prevention of diseases.

A massive programme for training manpower for the rural health network has been initiated with Central assistance. Village health guides and female health workers are to be trained under different schemes. For the training of the auxiliary nurse midwife 441 schools have been set up and the Centre is assisting 40 schools run by voluntary organisations.

With 25 districts of Bihar declared kala-azar endemic, the national malaria eradication programme has been asked to take up anti-kala-azar activities.

/06091

Incidence of Parasitological Diseases Increases 54500113 Calcutta *THE STATESMAN* in English 11 Feb 88 p 3

[Text] Nearly two million people were affected by malaria in India every year, according to a study conducted by the Indian Society for Parasitology and Calcutta School of Tropical Medicine. The incidence of parasitological diseases like malaria, kala-azar, worm infections and filariasis were increasing in different States of India, the study revealed. This study was released by the Director of Health Services, West Bengal, on the eve of the 8th National Congress of Parasitology to be held at Salt Lake stadium from Wednesday.

The study indicated that Bihar and West Bengal were the two worst-affected States as far as kala-azar was concerned. It was stated that in Calcutta, 12,258 people were affected by malaria between January and September, 1987. There were as many as 28,000 cases of malaria in the State in 1987. In 1980, there were only about 3,245 cases of malaria in Calcutta. This indicated the ever-increasing grip of parasitological diseases in the city, the report mentioned. The national conference would be attended by nearly 200 scientists from all over India.

/06091

Epidemic of Night Blindness Reported in Rajasthan

54500112 Calcutta THE TELEGRAPH in English
1 Feb 88 p 5

[Article by Milap Chand Dandia]

[Text] Jaipur, Jan. 31—A large number of people in the desert districts may lose their eyesight unless immediate measures are taken to check an epidemic of night blindness and Bitot's spot. Both these diseases are caused due to vitamin A deficiency.

Bitot's spot is the advanced stage of vitamin A deficiency-generated ailments in which white opaque spots are created at the junction of cornea and conjunctiva. If curative steps are not taken soon after the patient falls victim to Bitot's spot, which occurs after long durations of night blindness, he becomes prone to Keratomalacia, which leads to ulcer in the cornea, perforation, opacification and permanent blindness.

The extraordinary rise in the incidence of night blindness and also Bitot's spot is attributed to the continuous dry spell for the past five years in a row. The drought has crippled the economy considerably. The rural population has lost its cattle wealth, depriving them of milk, curd and ghee. Most people are unable to buy any substitute for these nutritive items.

The state government appears oblivious to the danger. Though night blindness can be cured and controlled by the oral application of Vitamin A, the health authorities

has shown no interest in doing this. According to an ophthalmologist, a single dose of Vitamin A is enough for almost a year, and costs merely one rupee.

According to a recent survey conducted by the Desert Medicine Research Centre run by the Indian Council of Medical Research, more than half the population of Barmer district is now suffering from night blindness. The survey reveals that 51.4 and 52.5 per cent of the male and female children surveyed in the below five age group suffered from night blindness. The average in the 5-15 age group was found to be 30.0 and 34.0 per cent respectively for males and females, while in the 15-plus age group, the figures were 48.1 and 56.1 for males and females respectively.

Bitot's spot was equally rampant. It was found that 48.6 per cent of males and 57.2 per cent females in the 15-plus age group were victims of the disease. The respective figures in the 5-15 and below 5 age groups for male and female were 34.9 and 37.1 per cent and 66.1 and 50.8 per cent respectively.

Both these diseases were also rampant in the districts of Jodhpur and Jaisalmer. An ophthalmologist in government service told this correspondent that the figures revealed by the survey were alarming, and warned: "This is a crisis situation and steps should be taken to combat the disease on a war footing, else a large number of men, women and children may turn blind for life".

/06091

TUNISIA

No AIDS Cases Detected Among 2,000 Possible Emigrants to Libya

54004603 Tunis LE TEMPS in French 22 Feb 88 p 3

[Text] Not one case of AIDS was detected among the 2,000 possible emigrants to Libya examined during the last few days at the Pasteur Institute. This was a good chance for health authorities to examine the health of a cross-section of youth. It remains a necessity for everyone to be voluntarily tested for AIDS to determine with a better degree of accuracy the rate of seropositivity. Doesn't the health of a country deserve some sacrifices?

DENMARK/GREENLAND

Home Rule Government To Require AIDS Test
54002456 Copenhagen BERLINGSKE TIDENDE in Danish 4 Mar 88 p 1

[Article by Jan Jorgensen]

[Text] Greenland politicians are in favor of a central register to be maintained by the health authorities of those infected with AIDS. Those testing AIDS-positive traveling to Greenland will also be registered.

Soon Danes will risk being required to undergo an AIDS-test, even if they are on a trip within the borders of the kingdom. The Greenland Home Rule government is heading toward demanding AIDS-tests from everyone travelling in that land. If the results are positive, the subject will be registered in a central file with the health authorities in Nuuk/Godthab.

This proposal is coming from the chairman of the Greenland opposition party, Atassut, Folketing member Otto Stenholdt: "To spread AIDS is to condemn others to death. It is therefore irresponsible for the authorities to allow AIDS carriers to go about freely without the subject in question not himself knowing that he can infect."

The deputy chairman of the ruling party, Siumut, Jens Lyberth, said that his party will seriously weigh the proposal: "Those testing AIDS-positive will not be sent back upon arrival. This would be going too far, but the authorities are to indicate in the register that the subject has AIDS, and he or she is to be so informed."

Both parties are in favor of a central AIDS register, and thus are going directly against what the Danish Health Administration has recommended to Danish politicians. Greenland now has nine AIDS cases.

"We are afraid that it will spread still further, and with the experiences we have with spread of venereal diseases, we believe that all measures should be taken in this matter," said Lyberth.

06662

FEDERAL REPUBLIC OF GERMANY

Almost Every Prisoner Volunteers for AIDS Test in Bavaria
54002441 Munich SUEDEDEUTSCHE ZEITUNG in German 19 Dec 87 p 24

[Article by Hans Holzhaider: "Almost Every Prisoner Voluntarily Tested for AIDS"]

[Text] Of the 9,589 prisoners who were being held in Bavarian prisons on 1 December 1987, 9,244, or 96.4 percent, submitted voluntarily to an AIDS test. Ninety

prisoners were found to be infected with the HI virus. Since 1985 22,760 AIDS tests have been carried out in Bavarian prisons, 337 of which were positive.

The Bavarian state government passed a law in February 1987 requiring testing of all convicted prisoners and those awaiting trial for HIV antibodies when they began their sentence and at the time of their release. Replying to a question from SPD Landtag delegate Carmen Koenig, the Ministry of Justice stated that force had not been used in a single case. An administrative directive from the Justice Ministry in the spring of 1987 stated that the need for testing was "to be communicated with great urgency." In the case of those belonging to "risk groups" it was permissible to take blood forcibly. The directive identifies risk groups as "homosexuals and bisexuals, drug users, tattoo artists, prostitutes, hemophiliacs, sexual partners of members of other risk groups or of infected persons."

Supplementing the written answer to the question in the Landtag, a ministry spokesperson explained to the SUEDEDEUTSCHE ZEITUNG that there were no consequences for a "normal" prisoner if he refused the AIDS test. Those persons belonging to a "risk group," who do not allow themselves to be tested, would be treated as if the test had been positive. This means that they are moved to a single cell and "for psychological reasons" they would not be employed in the preparation or serving of food or as barbers. In all other respects, AIDS's infected prisoners would be treated exactly like all the others, meaning that they would participate in work and leisure time activities and would use the same common sanitary facilities.

Psychological Treatment

According to statements from the Justice Ministry the opportunity exists for psychological and psychosocial treatment for HIV-infected prisoners. This includes persons or institutions beyond those involved in imposing the sentence. This would be determined according to the prisoner's wishes and by locally available resources in each instance. However, any possible relaxation of the sentence, for example granting parole, would be "subject to particularly thorough scrutiny." This could be made dependent on the prisoner proving that he has informed "persons at particular risk," sexual partners for example, about his infection.

Only the prison doctor and the medical support personnel have access to the medical records in which the AIDS infection is recorded, according to information from the ministry. The prison doctor has to inform the prison governor, who makes again decides which other staff members should be informed about a prisoner's AIDS infection. The AIDS infection must not be recorded in the normal prisoner dossier.

Testing Without Knowledge

Munich lawyer Axel Kampf, spokesman for the prisoners organization "Solidarity," expressed doubts to the SUEDEDEUTSCHE ZEITUNG about these statements. Kampf said he knows from prisoners in the Staubing jail, that in at least one instance the notation "HIV positive" appears in a prisoner's file. He said that he had also been told that blood had been taken from prisoners in a number of instances and tested for HIV antibodies without their knowledge. Kampf reports that an information sheet from the organization giving legal advice to those prisoners who do not want to be tested had not been distributed to the addressees by prison authorities.

The Bavarian Ministry of the Interior had announced a short while ago that information about an AIDS infection was also contained in the "arrest data file" maintained at the Landeskriminalamt [Office of Criminal Investigation at the land level]. All detainees and prisoners are entered in this data file. The prisons provided the appropriate reports to the Landeskriminalamt. The Ministry of Justice stated, however, that the prisons would not pass on information about AIDS infections; the Ministry of the Interior had also not made any such request.

09581/06662

IRELAND

Papers Report on Fight Against Aids in Ireland

School Program Announced

54500110 Dublin IRISH INDEPENDENT in English
20 Feb 88 p 9

[Article by John Foley, political staff]

[Text] A new school programme to counter the AIDS scourge was announced last night by the Minister for Health Dr Rory O'Hanlon.

Dr O'Hanlon told the Fianna Fail Ard Fheis that he has asked directors of Community Care and Medical Officers of Health to work with school management in a new drive on the greatest problem since the plague, he said.

They would be asked to cooperate with schools to ensure that young people would not leave school this year without being aware of the facts of AIDS, Dr O'Hanlon said.

The move would be the last in the government's public information campaign to counter AIDS which, he said, was already spreading, albeit slowly, in this country.

Drug abuse contributed most to the spread of the AIDS virus in Ireland, a pattern which differed from other countries.

As a result the risk of AIDS spreading into the wider community was proportionately greater here than in other countries.

So far there had been 36 cases in Ireland—7 haemophiliacs, one heterosexual, 13 homosexuals, 13 intravenous drug abusers and 2 babies born to infected mothers.

"While the 13 homosexual cases have occurred over the last 6 years, 13 drug abusers cases had occurred in the past 16 months. These statistics represent infections that occurred some years ago," he said.

Spelling out government-sponsored measures to counter the spread of the virus, Dr O'Hanlon said that, this year, 450,000 would be spent from National Lottery funds.

Special emphasis would be placed on the need to minimise the spread of HIV infection amongst intravenous drug abusers, a group least susceptible to public information programmes.

Dr O'Hanlon said that AIDS was spreading most quickly amongst intravenous drug abusers and their spouses. Contact with addicts on an individual and personal basis, would be most effective in motivating this group.

The government public information campaign had shown to date that the information booklet and telephone advice service was working well.

Funds for Tests Needed

54500110 Dublin THE SUNDAY PRESS in English
21 Feb 88 p 3

[Article by Colman Cassidy]

[Text] One in 4 of the 36 babies born in this country with AIDS antibodies now shows no sign of being HIV positive, but there is no guarantee that this happy condition will prevail.

In the absence of funding to follow up these cases, says Prof Irene Hilary, head of the Department of Medical Microbiology at UCD, it is not possible to know whether these children born to drug-addict mothers, will continue to live healthy lives, free of the dreaded AIDS virus.

The 500,000 allocated by the government from the National Lottery for the anti-AIDS campaign has all been spent and there is no more forthcoming. "We desperately need money to monitor these children," says Prof Hilary who is chairperson of the recently formed AIDS Fund, which is attempting to raise money for such projects.

We need social workers to counsel families as well as public health nurses. Without them there is no hope of keeping in touch with these children."

The AIDS Fund Committee also includes Dr James Walsh, Department of Health, Dr Derek Freedman, and Dr John O'Connor (Jervis Street), Dr Zachary Johnson, Nicholas Kearns, SC, John Rochford (Solr) and Sen David Norris.

Two of the 36 children, who acquired the antibodies originally from their mothers' immune systems, have developed full-blown AIDS. The rest are fairly healthy, but have retained their antibodies.

"We also need money to cover transport costs—for taking the children to paediatricians," says Prof Hilary. Medical experts such as Dr Hilary now say there's a 50 percent chance that people who have been found to be sero-positive will develop full-blown AIDS.

Of the 700 people in Ireland whom tests have shown possess AIDS antibodies, most would have come in contact with the virus in 1983 or 1983, says Dr Fiona Mulcahy, the consultant in genito-urinary medicine who heads up the AIDS treatment centre at St James's Hospital. On that basis, the likelihood is that the numbers of people who are due to contract full-blown AIDS could literally mushroom at any time.

Her department is also suffering from lack of resources, both financial and human. They are about to lose their only social worker at the end of next month, with no prospect of a replacement in the short term.

Counselling services are vital in combatting AIDS, especially for people caught up in drug addiction—the most affected group—who are also seen to be the group most at risk from the virus. Lack of responsibility in sexual matters in tandem with an ever-growing drug problem leaves little ground for complacency.

The other main group affected, haemophiliacs, have not yet formally submitted their appeal for help to the government. Members of the Irish Haemophiliac Society say that they are putting the final touches to the report, which it is expected will be submitted to the minister of health before the end of the month.

Irish haemophiliacs do not apply the financial backing that helped their British counterparts to win substantial concessions from the government there, in a 25,000 campaign. The British government have agreed to set up a 10m trust fund for the benefit of 1,200 or so members who were found to be sero-positive through no fault of their own.

Some 112 Irish haemophiliacs have contracted antibodies owing to the fact that they were forced to use Factor VIII, the protein used for blood clotting, before it came to be heat-treated.

Some Irish Haemophiliacs are known to be still worried about the efficacy of heat-treated Factor VIII for sterilisation purposes. Therefore, counselling is now being carried out among haemophiliacs in Dublin and Cork, there is none at all in important centres such as Limerick and Galway.

A number of haemophiliacs who have developed full-blown AIDS are known to be suffering added complications from worrying about their families future.

/12232

AIDS Statistics, Death Certificates Checked
54500105 Dublin *THE SUNDAY PRESS* in English
17 Jan 88 p 7

[Article by Colm Kenna]

[Text] Death certificates throughout the country are to be monitored in an effort to establish AIDS deaths which are not being notified to the authorities.

The Department is aware of at least two deaths from AIDS in Ireland which were not reported and the monitoring is to be established as a result. More people were diagnosed as having AIDS in Ireland in 1987 than in the entire period since the first case was discovered here.

The situation is now moving towards an epidemic because of what happened last year, the Government's leading AIDS experts told *THE SUNDAY PRESS*.

Up to the beginning of 1987, there were 14 diagnosed cases in Ireland. However, there were 18 new cases diagnosed in the twelve months up to the end of December, bringing the total to 32.

Fourteen people have now died from AIDS in this country said Dr James Walsh, assistant chief medical officer with the Department of Health. Everyone diagnosed prior to 1986 is now dead. The survival time, from diagnosis to death, is approximately 18 months, which compares favourably with any other country in the world.

The figure in Ireland is now doubling every nine months, which means that up to forty new cases will be diagnosed in 1988.

The result of a study carried out in New York, published last week, revealed that an astonishing one in every 61 babies born in New York City in December, was born with AIDS antibodies.

The alarming results of this survey were being interpreted by commentators as evidence of how the disease was moving swiftly into the heterosexual population in the U.S.

Mothers

In Ireland to date, 2 babies have been diagnosed as having full-blown AIDS, while a further 35 have been born with the anti-bodies (up to the end of December). The survival time of the two Irish AIDS babies is surprising in the light of data from abroad, and suggests that Irish care services are excellent.

Dr Walsh believes that it is unlikely that other antibody-positives between babies exist in Ireland, unknown to the health services. He says that mothers at risk are usually quite anxious, and make requests for tests for themselves and their children.

Dr Walsh points out in relation to the data from New York City, that abortion is available there, and that a high proportion of high-risk and infected women there, would opt for abortions.

Ireland is currently playing a special role in a European study on mothers and children with AIDS antibodies, because of the total ban on abortion here.

"Without any doubt AIDS is now becoming a threat to heterosexuals", Dr Walsh said. "IV drug users having sex with heterosexuals are providing the bridge".

Linked

He said that the situation in Dublin could well develop to equal that of New York City. "In the inner city where drug abuse is rife, the situation will probably develop like that. The social problems there, drug abuse, and AIDS are all linked. They will have to be solved together".

However, Dr Walsh said it was not yet known how deadly the disease was among healthy heterosexuals. IV drug pushers would have a damaged immune system anyhow, because of their drug abuse, and this could be a "co-factor". It was interesting that the level of infection among the spouses of haemophiliacs seemed to be very low, and this would be [an] interesting area to study, he said.

/9274

Gardai Fear AIDS as Weapon Used by Criminals
54500104 Dublin IRISH INDEPENDENT in English
21 Jan 88 p 7

[Article by Edward Cunningham]

[Text] Three Irish people have died from AIDS since Christmas, according to the latest figures, bringing the total death toll from the disease to 15. And yesterday the Garda Representative Association said a charge of attempted murder should be brought against AIDS-carrying criminals who deliberately tried to infect gardai trying to arrest them.

The association's secretary Jack Marrinan said gardai had been assaulted by people who intended to transmit the AIDS virus to them. Some of those in contact with gardai had deliberately bled themselves with a view to spreading the disease.

They had now begun to use AIDS as a weapon against gardai in the exercise of their duties. This was a terrifying experience for gardai, even more disturbing than a gunshot wound, he said.

Mr Marrinan said as far as he was aware no garda had contracted the disease, but there was one case where it was felt that a garda could be infected.

Reports indicate that the disease is now beginning to spread much faster and full-blown AIDS is manifesting itself following a four to five year incubation period.

Gardai and prison officers say they are becoming very concerned at the health risks posed to them in their occupations.

Twenty-one new AIDS cases were diagnosed last year—more than the total number of the previous five years, the Department of Health confirmed.

The number now stands at 35 but that is set to double by September. As the international pattern evolves here the number of cases will continue to double every nine months from now on.

Before that the first six cases identified here, in 1982, all had a history of homosexual activity abroad or were haemophiliacs who became contaminated through transfusions, according to the Dept of Health Assistant Chief Medical Officer, Dr James Walsh.

But now AIDS was being contracted in Ireland and intravenous drug users are most at risk, he said. Many people in the high risk groups had not been tested so the number of HIV positive cases was unknown. But it was clear that Ireland is now part of the epidemic, Dr Walsh warned.

Already 678 people have been tested positive out of a total of 14,008. The three new AIDS victims were added to the total earlier this month under the new definition of the disease. AIDS Dementia, AIDS Related Complex and tuberculosis brought on by the disease have been included.

But the end of June next year the country will have 140 cases and 280 by March 1990, Dr Walsh predicted.

Gardai and prison officers claim they are being placed at risk of contracting the killer disease because of their work. Gardai say they are exposed to it by searching certain people, dealing with traffic accidents or being attacked by AIDS carriers.

And Irish prison officers are to push to have compulsory medical screening of all prisoners in future. Currently Irish prisoners can refuse to take a test for AIDS antibodies.

A two day discussion and workshop on the problems faced by officers will be held in Brussels today and tomorrow.

/9274

Leptospirosis on Farms Spreads to Humans

54500111 Dublin IRISH INDEPENDENT in English
9 Feb 88 p 17

[Text] Leptospirosis in humans is increasing in this country—but nobody appears to be able to quantify its incidence.

Only two cases of this incapacitating disease were reported to the Department of Health in the whole of last year. However, experts are convinced that the incidence is far higher. "It is a notifiable disease," said one scientist "but doctors are just not reporting it".

The result is that the incidence of the disease hardly registers in public health statistics and, therefore, the health authorities do not feel it necessary to take steps to combat it.

Leptospirosis, which has been described as the brucellosis of the eighties, is an abortive condition that has been on the increase in Ireland and is now thought to have infected between 40 p.c. and 50 p.c. of cows.

John Egan of the Department of Agriculture Veterinary Laboratory at Abbotstown said the incidence in cows is worrying. "We are recommending that where abortions occur in a herd, the foetus or blood samples be sent to the Veterinary Laboratories for diagnosis.

"We also recommend that the farmer or the Veterinary practitioner be informed if the disease is present in the herd, because of the danger of transmission to humans".

The symptoms of Leptospirosis in humans are flu-like. It can be readily cured by administering antibiotics, but most doctors are said to be unaware of the disease and its treatment.

Professor Irene Hillery, Director of the U.C.D. Virus Reference Laboratory, said: "The danger is that Leptospirosis might take over from Brucellosis in humans".

The Department of Agriculture is planning to distribute a leaflet soon containing warnings about Lepto in both cattle and people. It will state: "those most at risk are milkers in Herringbone Parlours. Infection generally occurs through splashing of urine on eyes or mucus membranes.

"The use of protective clothing should be considered. There is less risk of infection from milk which has been cooled, but it is advisable that all milk should be pasteurised."

/09599

Strangles Continues to Spread Among Ulster Horses

54500109 Belfast NEWS LETTER in English
20 Feb 88 p 5

[Text] The highly contagious equine disease strangles (streptococcus equi) continues to spread in spite of the efforts of riding school proprietors, riding clubs and Pony Club Branches to bring a halt the movement of horses and ponies.

By Tuesday of this week cases had been confirmed in two Co. Down yards previously clear of the infection.

The Pony Club Regional Committee at its meeting in Dungannon on Tuesday cancelled its Prince Philip Games selection day on Sunday, 28 February, and recommended that its 11 branches stop all gatherings of ponies.

While the disease seems to be contained in Co. Down at the moment ponies have been travelling recently to compete in Co. Tyrone and Co. Londonderry and if the movement of animals continues it is only a matter of time before strangles spreads further.

The best advice seems to be "stay at home.

/12232

New Outbreaks of Lungworm Diseases Feared

54500108 Belfast NEWS LETTER in English
20 Feb 88 p 15

[Text] During the latter part of last summer and early autumn, severe outbreaks of lungworm disease were reported around the country in both calves and adult cattle.

Dairy and beef producers saw clinical outbreaks of the disease for the first time in many seasons. From a nationwide survey in the UK 42 percent of veterinary surgeons indicated that there was a significant rise in the number of outbreaks of lungworm disease last year with thousands of young cattle affected.

Dr Tony Andrews, senior lecturer in cattle medicine at the Royal Veterinary College, warned farmers that the warm, wet conditions experienced last autumn created ideal conditions for severe outbreaks of the disease. He also stressed: "Because the onset of infection is notoriously difficult to predict and tends to be rapid, the disease can have disastrous consequences."

It is this unpredictability and the rapid life cycle of the lungworm which makes attempts to control the disease by worming so hazardous. Those wormers which are used to treat lungworm disease would need to be given to calves at fortnightly intervals throughout the grazing season.

Any gap in the flow of anthelmintic will cause the calf to become susceptible to lungworm disease and the level of infection on the pasture to build up very quickly.

Similarly, ivermectin treatment needs to be administered to a strict regime and, after the active life of the drug, there is no guarantee of protection against the development of disease.

Such is the concern about this ever-present danger of this unpredictable disease, that March is traditionally the peak time for lungworm vaccination with Dictol. This national campaign will, it is hoped, increase farmer awareness by focussing attention on the dangers of the disease, helping to prevent the unfortunate experience of some farmers last year.

"Calf Vaccination Month," which is endorsed by the NFU, will underline the importance and benefits of vaccination with Dictol.

"Vaccination with Dictol before turnout prevents the permanent damage caused by lungworm disease, eliminates the threat of compromised growth, allows increased stocking density and prolonged autumn grazing, and gives farmers peace of mind, safe in the knowledge that animals are fully protected against lungworm attack. Vaccination with Dictol has been successfully used for 28 years to prevent lungworm disease in millions of calves," said a spokesman.

"The good news for Northern farmers this year is that Glaxovet's new company in Ireland has made the products available, with a 7 week shelf-life, allowing your veterinary surgeon to hold Dictol in stock.

"This new service enables you to call and purchase your Dictol requirements as and when needed. Of course, if you want to order your Dictol in the usual way, this facility is still available.

"We are also pleased to tell you that Dictol will cost you less this year—the new recommended price is only 4 per course," he said.

/12232

UNITED KINGDOM

Health Office Reports on AIDS Problems in UK
54500100 London *THE DAILY TELEGRAPH* in
English 26 Jan 88 p 3

[Article by David Fletcher]

[Text] The National Health Service waiting list could be cut by one-fifth for the same amount of money it will cost to treat Aids patients this year, the Office of Health Economics said yesterday in a report issued on the even of the first World Aids Summit opening in London today.

It says it will cost 81 million to treat the 3,000 new cases of Aids expected in Britain this year.

The total cost of looking after an Aids patient, including day care treatment, district nursing, drugs and a month's in-patient care, are estimated by St Mary's Hospital, Paddington, one of the leading Aids treatment centres, to be just over 27,000 per patient. The report says this will amount to 81 million this year—the cost of providing acute hospital treatment for 128,000 non-Aids patients who cost the NHS an average of about 630 each.

The report says: "It is clear HIV (Aids) could have very serious resource implications for a health service that is already experiencing severe financial pressures.

"The potential impact of HIV in this respect coupled with the immense human and social costs accompanying the spread of the infection underpin the urgent need to win both the battle against the epidemic and the war against the virus."

Aids cases total 1,227 in Britain up to the end of last year, with 697 deaths. The DHSS estimate 40,000 people are carrying the virus and a large proportion will develop the disease at some unknown time in the future.

Mr Nicholas Wells, associate director of the Office of Health Economics and author of the report, said Aids deaths last year, running at the rate of more than one per day, are equivalent to about one death in every 30 in the 25-44 age group for men.

If deaths from injuries and poisonings are excluded, so that the analysis is concerned only with deaths from natural causes, he said the Aids toll rose to about one in every 20 deaths.

He said: "Assuming that the mean age at death from Aids is 35 years, then current annual fatalities will be responsible this year for more than 12,000 lost years of potential working life."

Mr Wells warned that if the present rate of increase in Aids deaths is maintained there will be 5,500 deaths in 1990 and the loss of potential working life will substantially exceed the losses of men from lung cancer, or road accidents.

The report says that homosexuals account for 84 percent of all cases of Aids to date but warns that less than half the 8,000 known carriers of Aids are homosexual—implying that the disease will start appearing among heterosexuals as the carriers develop the full disease.

Health ministers and officials from more than 240 countries are attending the World Aids Summit which is to be opened by the Princess Royal.

It is being hosted jointly by the British Government and the World Health Organisation.

/9274

AIDS-Like Virus Breaks Out Among UK Cats
54500102 London THE SUNDAY TELEGRAPH in
English 24 Jan 88 p 2

[Text] The discovery of a new virus which has broken out among Britain's cats could help in the search for an Aids cure, says the British Veterinary Association.

The virus which, like Aids, attacks the immune system, is known as feline T-lymphotropic lentivirus (FTLV). First identified in California, it is now being researched at Bristol and Glasgow universities.

Dr Tim Gruffydd-Jones, a cat disease expert and author of a report on FTLV, said: "We have identified the virus in 10 cats. We suspect it is widespread although we don't want people to be alarmed."

There is no evidence that cats can pass the virus on to humans. Scientists plan to intensify Aids research using cats with related viruses.

/9604

'Nervous Disease' in British Cattle Described
54500103 Dublin IRISH INDEPENDENT in English
5 Jan 88 p 15

[Text] A new cattle disease for which there is no known prevention or treatment is on the march in the UK, where 53 cases of this nervous disease in older cattle have been found on 43 farms in the past year.

Bovine spongiform encephalopathy, or BSE for short, quite easily confused in its early stages with hypomagnesaemia, but the later stages lead to a situation of frenzy, aggression and loss of condition with immediate slaughter being the only option.

The disease was first diagnosed in December, 1986 and the majority of the cases have been found in dairy herds in their second or third lactation. Apart from the UK outbreaks in other countries are not known but the proximity of Britain to this country has alerted the Irish Department of Agriculture to the disease.

There is no evidence of any danger to humans from BSE but still the actual cause of the nervous condition in cattle is baffling UK Ministry vets with blood tests proving useless in determining the source of infection.

Diagnosis, according to a Ministry spokesman is only possible following microscopic analysis.

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